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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Gambia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$4 million, of which $2 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Gambia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance and Economic Planning

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GAMBIA

Demographic facts

Population Total (000)	
Total	861
Males	425
Females	436
Sex ratio (/100 females)	97.4
Urban	200
Rural	661
Per cent urban	23.2
Population in year 2000 (000)	1,119
Functional age groups (%)	
Young child: 0-4	18.2
Child: 5-14	25.9
Youth: 15-24	17.7
Elderly: 60+	4.9
65+	2.9
Women: 15-49	22.9
Median age (years)	18.1
Dependency ratios: total	88.8
(/100) Aged 0-14	83.3
Aged 65+	5.5
Agricultural population density (/hectare of arable land)	3.78
Population density (/sq. km.)	76
Average annual change (000)	
Population increase	25
Births	41
Deaths	18
Net migration	1
Annual population total (% growth)	2.67
Urban	5.19
Rural	1.85
Crude birth rate (/1000)	44.9
Crude death rate (/1000)	19.5
Net migration rate (/1000)	1.3
Total fertility rate (/woman)	6.17
Gross reproduction rate (/woman)	3.04
Net reproduction rate (/woman)	2.06
Infant mortality rate (/1000)	132
Life expectancy at birth (years)	
Males	43.4
Females	46.6
Both sexes	45.0
GNP per capita (U.S. dollars, 1989)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

* not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $4 million, of which $2 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Gambia in achieving its population and development objectives. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the third programme of assistance to Gambia.

2. The proposed programme for Gambia is based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited the country in August 1991, as well as on discussions between representatives of UNFPA and the Government. The programme also takes into account lessons learned from the experiences of previous UNFPA assistance to Gambia, as well as the Government of Gambia's Programme for Sustained Development (PSD).

3. The overall objectives of the proposed programme are to assist the Government in strengthening its national capability to formulate, implement and monitor a national population policy and the action programmes needed to fulfill it, and to achieve a balance between population growth and socio-economic progress in order to achieve sustained development. Specifically, the programme would seek: (a) to reduce maternal mortality from 1,050 per 100,000 live births to 650 per 100,000 by 1996 and to 500 by the 2000 by strengthening and expanding family planning services within the context of primary health care services so that at least 80 per cent of the rural population has access to these services by 1996 and the contraceptive prevalence rate is increased from 7 per cent to 15 per cent by 1996 and to 25 per cent by 2000; (b) to develop a comprehensive population information, education and communication (IEC) programme and an appropriate institutional framework and to promote the expansion and intensification of IEC activities targeted especially at males and adolescents; (c) to increase awareness of population issues and promote responsible parenthood; and (d) to enhance the role and status of women and ensure their active participation in the development process.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. Gambia is a small but densely populated country that, according to government estimates based on the 1983 census, had an estimated total population of 890,000 inhabitants in mid-1991. It stretches on a narrow strip of land of about 10,689 square kilometres along the banks of the Gambia River. With a population density of 83 persons per square kilometre, the country is one of the most densely populated in Africa. Increasing population pressure on available arable land has contributed to a decline in food production, a large-scale exodus from rural areas, environmental degradation and widespread malnutrition, especially among pregnant and lactating mothers and among children. A 1990 study suggests

a maternal mortality rate of around 1,050 per 100,000 live births, one of the highest in sub-Saharan Africa. It is estimated that about 75 per cent of these deaths could have been prevented through effective health care, including the use of family planning services. Infant and child mortality rates are also high at 120 per 1,000, and 242 per 1,000, respectively. Life expectancy is relatively low at 44 years for males and 46 years for females.

6. Gambia has high fertility rates (a crude birth rate of 50 per 1,000 and a total fertility rate of 6.39) and a young age structure: 44.5 per cent of its population is under 15 years of age and the median age of the population is 18.8 years. Adolescent pregnancies, especially among school girls, are on the increase and are a cause for serious concern among political and civic leaders. Net immigration contributes about 0.5-0.6 per cent per year to the already high annual rate of natural growth of 2.9 percent, bringing the total population growth to 3.4 per cent. This figure is higher than the United Nations figure of 2.7 per cent, which may not have taken migration into account. (Current United Nations estimates can be found in the demographic data sheet on page 2.) At the rate of 3.4 per cent, the population will double in 20 years.

7. Social and economic factors. The Government of Gambia was among the first in sub-Saharan Africa to recognize the effects of prevailing demographic conditions on prospective socio-economic development. It established the Gambia Family Planning Association (GFPA) in 1968, and in 1969 invited the Caldwell Mission from The Population Council to study the population situation in the country. The Caldwell Mission concluded that the population growth rate was high and should be slowed. The Government's first five-year development blueprint (1975-1979) included a maternal and child health and family planning (MCH/FP) programme with quantified targets for the number of births and deaths. A follow-up mission in 1978 prepared a framework for formulating a national population policy.

8. As part of its overall strategy to raise the living standards of the Gambian people, the Government has intensified its efforts to improve the health care system. The general mortality rate has declined from 25 per 1,000 in 1987 to 21 per 1,000 in 1991. Infant mortality has also declined from 164 to 120 per 1,000 during the same period. Pre-natal coverage is thought to be high: a 1990 maternal mortality survey indicated that 96.5 per cent of the women interviewed had pre-natal consultations during their most recent pregnancy. The number of fixed clinics offering family planning services has increased somewhat since 1985 while the number of new acceptors has gone up by almost 70 per cent to about 10,700. However, despite the Government's efforts to increase MCH/FP service points to cover 76 per cent of the population, the contraceptive prevalence rate is still low at 7 per cent. Contraceptives are available in the private sector through pharmacies, and community-based distribution has been initiated by the GFPA. The lack of adequate health facilities and of skilled medical and paramedical personnel, as well as cutbacks in capital outlays for health service delivery, have all worked against further improvements in health care delivery.

9. The Government is systematically expanding the education system and increasing primary school enrolment with a view to eradicating illiteracy. The overall literacy rate has increased from 20 per cent in 1985 to 25 per cent in 1991. National primary school enrolment rates are currently estimated at 68 per cent for boys and 46 per cent for girls. Boys outnumber girls nearly 3 to 1 in the secondary high schools and 2 to 1 in the secondary technical schools. There are also regional disparities in schooling with urban areas having higher enrolment ratios than rural areas. It appears that regional and gender disparities in educational opportunities are increasing.

10. The economy of Gambia is predominantly agrarian and traditional. Agriculture accounts for about 23 per cent of the gross domestic product (GDP) and employs approximately 75 per cent of the total labour

force. During the late 1970s and early 1980s, Gambia, like other African countries, experienced unprecedented deteriorating economic conditions. In response, the Government introduced an Economic Recovery Programme in June 1985 with the assistance of the World Bank, the International Monetary Fund and other donors. The success of this recovery programme has been substantive and impressive. From 1986 through 1990, the GDP grew at an average rate of 4 per cent a year. The GDP growth rate slowed to 2.5 per cent in 1991 because of irregular and inadequate rainfall during the growing season.

11. In terms of institutional support for population activities, Gambia is well situated. The Gambia Family Planning Association is one of the most active family planning associations on the continent. An Inter-Agency Consultative Group, which is composed of representatives from relevant ministries, agencies and organizations dealing with population, has been established to coordinate population activities. A National Conference on Population Policy and divisional seminars on the formulation of a national population policy have contributed to a growing awareness of population problems. In September 1991, the Government set up a National Population Commission of cabinet rank to oversee the formulation of the population policy and to coordinate all population activities in the country. A National Environment Action Plan is being prepared to deal with the problems of pollution, urban congestion, and deforestation, all of which have been greatly aggravated by rapid population growth.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. UNFPA population assistance to Gambia started in 1972 with support to the 1973 population census, provision of contraceptive supplies and the strengthening of MCH services and of communication activities. In 1980, the Governing Council approved a comprehensive population programme for Gambia in the amount of $1.58 million over the four-year period 1981-1984. For the period 1972-1986, total expenditure amounted to nearly $1.5 million.

13. In June 1986, the Governing Council approved the second programme of assistance in the amount of $2 million over the five-year period 1987-1991. In financial terms, the implementation of the programme has been satisfactory, with expenditures totalling about $1.89 million, or 93 per cent of allocations. The PRSD mission observed that the implementation of this programme has been successful in that it has contributed significantly to expanding MCH/FP services within the national primary health care system, increasing awareness of population issues among politicians and civic leaders and highlighting the need to formulate and implement a comprehensive national population policy. Among the constraints that affected programme implementation, the high turnover rate of personnel in the country was the most important. The weak technical support provided by some executing agencies also delayed programme implementation. The PRSD identified specific constraints which are discussed below under each sector.

Maternal and child health and family planning

14. UNFPA's support in the area of MCH/FP was intended to improve basic MCH services and family welfare in rural areas. The Government has extended primary health care (PHC) services to 380 villages, thus providing coverage to 76 per cent of the population. UNFPA's aim has been to increase MCH/FP coverage and to integrate MCH/FP services into the primary health care service outlets. As a result, it is now estimated that modern family planning coverage reaches about 7 per cent of women of reproductive age. (Traditional and natural family planning methods are estimated to be utilized by 36 per cent of women of reproductive age.)

15. Despite certain achievements, the PRSD mission identified several constraints that have hampered the implementation of the MCH/FP programme. These include the high attrition rate of trained personnel, insufficient logistic support, inadequate decentralization of the health administration, incomplete integration of MCH/FP services, and the inability of the Government to accord priority importance to family planning in the absence of a national programme.

Information, education and communication

16. UNFPA activities in the field of population IEC were aimed at strengthening the Ministry of Information and Broadcasting so that it would function as a service agency in promoting and raising national awareness on population issues. As a result of the Ministry's activities, population issues have become a matter of national discussion and debate. A National Conference organized in October 1990 to prepare guidelines for a national population policy served as the benchmark for population activities in the country. The Conference drew up a working agenda for population policy activities, and this led to the preparation of a draft national population policy and the creation of a National Population Commission.

17. The Government's agenda has not yet developed comprehensive population IEC policies and strategies, or established the institutional framework to carry them out. The private Gambia Family Planning Association remains the main national-level institution offering family planning education and counselling services. The Health Education Unit of the Ministry of Health is the government body responsible for providing such services, and its effectiveness needs to be strengthened. The GFPA, with assistance from international NGOs, initiated action to improve the research needed to design appropriate population messages.

18. UNFPA took the first steps in 1991 to provide in-school youths with information, knowledge and skills to analyse, understand, decide and act responsibly on population and family life issues. The effectiveness of these activities has not yet been evaluated.

Data collection and analysis

19. UNFPA assistance in the area of data collection aimed at improving the critical lack of reliable basic data on population and demographic indicators. Up to now, only estimates of fertility, mortality and migration were available. In 1990, UNFPA and the World Bank sponsored a National Contraceptive Prevalence and Fertility Determinants Survey, with the technical assistance of the Centre for Applied Research on Population and Development (CERPOD). The survey has improved knowledge of contraceptive prevalence, fertility determinants and infant, child and maternal mortality. Assistance was also provided to the Central Statistics Department to finalize and publish the 1983 census results and to prepare for the 1993 population census. The PRSD mission noted that chiefly because of a shortage of trained staff, data are still inadequate in the areas of vital statistics and migration as well as in the collection, analysis and utilization of basic population data.

Population policy formulation

20. UNFPA assistance has been designed to strengthen Gambia's institutional and technical capacity to formulate, implement, monitor and evaluate a national population policy. This assistance has helped the Government set up a National Population Commission, an Inter-Agency Consultative Group on Population and Human Resources-Related Issues, and technical task forces to prepare background documentation for

the formulation of a national population policy. Training has focused primarily on the transfer of technical competence to nationals in the techniques and methodologies of integrating population into socio-economic development strategies.

Other external assistance

21. The main donors providing assistance to population activities in Gambia in addition to UNFPA are the World Bank, UNICEF and the African Development Bank. Among the United Nations agencies, UNICEF has provided assistance of $2.1 million to the Ministry of Health for various health programmes, including the expanded programme on immunization (EPI), and MCH/FP activities, and WHO has provided assistance to the Gambia AIDS Control Programme, and has acted as an executing agency for a number of subcomponents of the MCH/FP programme. The United States Agency for International Development (USAID) channeled its annual assistance of about $300,000 for MCH/FP activities mainly to the Gambia Family Planning Association. A number of NGO donors, such as Family Health International, The Population Council and the Pathfinder Fund, have financed various studies on such topics as the reasons for the continuation and discontinuation of family planning clients, the influence of village birth-spacing meetings on contraceptive acceptance and continuation, and male motivation in family planning activities.

22. The World Bank has contributed substantially to the health and population field through the National Health Development Programme in the amount of $20.1 million to expand primary health care services, improve health infrastructure and establish a revolving fund to provide essential drugs. Other major donors to this programme are Italy, the British Overseas Development Agency, the European Community and the Netherlands. The African Development Bank was the major donor in the area of data collection and analysis. Women in development (WID) activities in the country are largely being supported by the World Bank in a programme that includes Safe Motherhood and family planning activities. Other contributors to the WID programme are the African Development Bank, Norway, UNDP, the United Nations Development Fund for Women (UNIFEM) and UNFPA.

23. Experience has shown that the assistance received from external sources to promote population activities has suffered from a lack of effective coordination. UNFPA would assist the Government of Gambia in creating and strengthening the national institutional structure to ensure more effective coordination of this assistance.

IV. PROPOSED PROGRAMME 1992-1996

24. The proposed UNFPA programme takes into account the Government's Programme for Sustained Development and is based on the recommendations of the PRSD mission. The overall and specific objectives of the programme are outlined in paragraph 3 above. The major thrust of the proposed programme would be to reduce the high maternal mortality rate, to improve the reproductive health of women and to increase contraceptive prevalence. Gender issues would be addressed in all sectors of the proposed programme.

Maternal and child health and family planning

25. The main objective in the area of MCH/FP is to reduce maternal mortality from 1,050 per 100,000 to 650 per 100,000 by 1996 and to 500 per 100,000 by the year 2000. The Safe Motherhood approach would guide UNFPA assistance in achieving this objective. In addition, the PRSD mission recommended the following family planning targets: (a) to increase the contraceptive prevalence rate for modern methods from

7 per cent to 15 per cent by 1996 and to 25 per cent by the year 2000; (b) to reduce the total fertility rate from 6.39 to 6 by 1996 and to 5 by the year 2000; and (c) to increase the birth interval from the present 12-18 months to 24 months by 1996 and to 36 months by the year 2000. It is expected that if the above targets are met, infant mortality would also decrease.

26. UNFPA would provide support to the Government's family planning strategy, which is currently being formalized but is known to consist of the following major components: integrating comprehensive MCH/FP services within the decentralized health system and promoting family planning through the primary health care approach. This would involve expanding the number of villages in the primary health care system from 380 to 500 during the next five years and integrating family planning into all primary health care activities.

27. The proposed UNFPA support would focus on strengthening family planning services at the central and intermediate levels of the health system to improve the quality and availability of family planning services in more densely populated areas as well as to provide the supervisory support needed at the intermediate referral level. UNFPA support would thus complement the inputs of other donors whose assistance would be to village-level primary health care activities. UNFPA would work closely with the Gambia Family Planning Association, which is very active in village-level family planning activities.

28. In line with the Ministry of Health's policy to decentralize health services, UNFPA's support would seek to improve and strengthen family planning services offered in the existing 40 government static clinics and at the major health centre set up in each of the Gambia's five Administrative Divisions. These centres are to become model family planning centres, not only for service delivery but also for training, referral and supervisory support to the family planning service delivery posts. The emphasis would be on reducing the high incidence of adolescent pregnancy, on identifying those at high risk during pregnancy, and on management and orientation towards family planning by using the services of the community health nurses and traditional birth attendants (TBAs), who are already responsible for 95 per cent of post-natal follow-up. UNFPA would collaborate with UNICEF in the training of TBAs for child-spacing and community-based distribution activities.

29. UNFPA would also strengthen MCH/FP services in and around the capital of Banjul by providing support to the Polyclinic in Banjul and to the Serrekunda Health Centre/Family Planning Clinic to enable these facilities to act as model family planning service centres for training and for supervising family planning activities. In addition to the Polyclinic, which already has a tubal ligation facility, two other urban centres would be equipped to provide these services. The centres would also provide training for staff from the divisional health centres.

30. In order to increase family planning accessibility, private practitioners working in urban areas would be encouraged to provide family planning methods and other services, particularly condoms as part of the campaign to combat AIDS. The GFPA already uses 80 "local agency distributors" of contraceptives, including private medical practitioners, dispensaries, shops and restaurants. A community-based distribution programme has been introduced by the GFPA, whereby 300 agents have been trained to motivate, counsel and provide non-clinic family planning services in the rural areas.

31. UNFPA's efforts would complement the assistance provided by UNICEF, UNDP and other donors to ensure the implementation of the Bamako Initiative at the village level (i.e. community participation and co-financing of primary health care) making sure that essential services (and essential contraceptive supplies) reach the community level.

32. In order to establish an effective framework for family planning in urban and rural areas, a socio-cultural survey would be designed to provide knowledge on various ethnic attitudes towards reproduction and family life. Assistance would be given for training programmes for TBAs and MCH/FP paramedical personnel. Training seminars and refresher courses focusing on such issues as the need for family planning, counselling techniques and the delivery of contraceptives such as condoms, oral contraceptives and possibly other methods would be organized for medical personnel. Family planning would be integrated into the curriculum of the School of Nursing and Midwifery. Information on sexually transmitted diseases (STDs), AIDS and the harmful health effects of female excision would be incorporated into all pre-service and in-service training programmes for medical and paramedical staff. The system for recording service delivery statistics and its supervision would be strengthened to facilitate the evaluation of programme implementation and impact.

33. UNFPA proposes to provide an amount of $1.5 million for MCH/FP activities, of which $650,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

34. In order to ensure the effective implementation of the national population policy for Gambia and to increase the demand for MCH/FP services, UNFPA would assist the Government in increasing public awareness of population issues and of the availability of family planning services. To this end, a comprehensive IEC strategy would be formulated and institutional arrangements created to ensure the effective coordination of IEC activities. UNFPA would seek to establish and support a Population Education and Communication Production and Documentation Unit, which would be responsible for laying the groundwork for a comprehensive IEC policy and programme, as well as for coordinating and providing IEC support to all population IEC activities in the country. The Unit would be housed in the Film Production Unit of the Ministry of Information and Broadcasting.

35. With UNFPA technical and financial support and with the assistance of UNICEF, local NGOs and the Ministry of Rural Development, the Population Education Unit would undertake awareness-creation activities at the community level for such target audiences as men, women, youth and community leaders. These activities would aim at promoting responsible parenthood, Safe Motherhood and better child care through family planning. To achieve this, community-level field workers would be trained in population and family life education. Messages would be channelled through the mass media, and UNFPA would work with local community leaders to try to expand the number of rural radio listening groups. At the same time, decision makers, government officials and other civic leaders would be made more aware of the national population policy and action programmes.

36. Formal and non-formal training programmes would be devised to ensure that population and family planning concepts are functionally linked with environmental issues and with the efforts to promote women's status, including those designed to discourage traditional practices harmful to women's health. UNFPA would support socio-cultural research to ensure that IEC teaching materials and activities are specifically tailored to the socio-cultural context of Gambia. IEC messages would be integrated into the basic training programmes on such topics as MCH/FP, primary health care, women, population and development, and AIDS, among others.

37. IEC programme activities would include special programmes on Radio Gambia and in the print media that would focus on males and adolescent youth. This would be done in close collaboration with the GFPA, which has long-standing experience in this area. The radio and print media would also be used to sensitize

the population to understand the need for and the content of the national population policy. A special campaign management committee would be established to oversee these activities.

38. Family life education, earlier introduced in a few secondary schools, would be integrated into the curricula of primary, middle and secondary schools. UNFPA support to the Curriculum Development Centre of the Ministry of Education, which started in 1991, would continue under the proposed programme and would cover such activities as the development of curriculum and educational materials and the organization of teacher training courses. To supplement the efforts of the in-school family life education programmes, which should become fully operational in 1994, the Ministry's Counselling Unit and GFPA will provide counselling in family life education for school drop-outs.

39. UNFPA proposes to provide $1.15 million for the various IEC activities, of which $550,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

40. UNFPA would assist the Government in strengthening national institutional and technical capabilities, particularly of the Central Statistics Department, to enhance the effectiveness of the preparation for and the conduct of the country's third population and housing census in 1993. The Central Statistics Department is the principal government agency responsible for the collection and analysis of basic data. However, as a result of the rapid turnover of staff, the Department is faced with an acute shortage of trained staff. The PRSD exercise therefore recommended the continued provision of long-term training for demographers on the design and administration of survey instruments.

41. UNFPA is currently supporting the Government in designing a strategy to improve its vital statistics collection and analysis system. It is envisaged that technical support by UNFPA to the strengthening of the system would be supplemented by other donor assistance. UNFPA would seek to use appropriate local government structures to better utilize the vital statistics data now being collected by the health centre.

42. UNFPA proposes to provide $750,000 for data collection and analysis, of which $450,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

43. UNFPA is currently supporting the Government in strengthening institutional and technical capacities to formulate and implement the country's population policy. A draft policy is being prepared. Under the proposed programme, UNFPA would support efforts to finalize the policy and to ensure its adoption, with attendant action plans, and subsequent integration into socio-economic development strategies.

44. The adoption of such a policy involves negotiating a complex network of decision-making and mobilizing popular support. To ensure that both are accomplished smoothly and effectively, UNFPA would strengthen the operational capabilities of the newly created National Population Commission so that it can play a leadership role in coordinating the approval and implementation of the policy. Such assistance would include the setting up of appropriate institutional arrangements within the Commission, the training of officials in programme and systems development and the provision of logistical support. UNFPA would also support national and regional seminars and workshops geared towards sensitizing a cross-section of the population on the objectives and content of the policy in order to facilitate its implementation. Demographic model

presentations would be organized with the support of USAID to sensitize government officials and other high-level decision makers.

45. The elaboration of multisectoral action plans to put the adopted national policy into effect is envisaged early in the programme. In this regard, UNFPA would support the creation of sectoral task forces that would prepare action plans for selected sectors. The action plans would serve as background material for a donors' conference to be organized during the course of the programme period.

46. In order to help integrate the national population policy into socio-economic development strategies, UNFPA would provide assistance to train national staff in the development and application of appropriate methodologies for such integration. These would include modeling, monitoring and evaluation techniques, as well as research in population dynamics.

47. UNFPA would provide $550,000 to this sector, of which $350,000 would be sought from other sources, including multi-bilateral sources, primarily in support of the demographic model activities.

Women, population and development

48. The increasing interest of the Government in promoting the status of Gambian women and integrating them into economic, social and cultural development activities has been translated into a vigorous programming effort aimed at improving the reproductive health and economic productivity of women, and at educating Gambians on family life and gender issues. The Fund would collaborate with the World Bank-sponsored women in development programme, which has a sizable Safe Motherhood component that is managed by the UNFPA-assisted MCH/FP programme staff. UNFPA in collaboration with UNICEF would also assist the Government in its efforts to reduce the phenomenon of female excision. Because of the scale of assistance provided by other donors in the area of women in development, UNFPA would not set aside special funds for this sector but would support activities in the promotion of Safe Motherhood and the strengthening of family planning services as outlined above and in reinforcing ongoing educational and motivational campaigns on health and family planning and gender issues.

Programme reserve

49. An amount of $50,000 would be set aside as a reserve to accommodate any unforeseen expenditures that may arise during the course of the proposed programme period.

Programme coordination

50. Overall coordination of the proposed programme would be undertaken by the 12-member National Population Commission assisted by the UNFPA country office. A number of committees would be involved in the coordination of various parts of the programme, including the Inter-Agency Consultative Group on Population and Human Resources, which is responsible for coordinating the formulation of the national population policy, and the Parliamentary Media Task Force on Child Development, which coordinates IEC and other awareness creation activities. UNFPA would maintain close contact with the members of the Joint Consultative Group on Policy (JCGP), through regularly scheduled meetings, in programme formulation and implementation as well as with other donors and NGOs.

Programme monitoring, evaluation and management

51. To ensure effective implementation, the UNFPA programme would continue to be covered and monitored by the UNFPA Country Director based in Dakar, Senegal. The UNFPA office in Banjul would be directly responsible for supporting the implementation of the programme in accordance with standard UNFPA monitoring and evaluation guidelines. The preparation of periodic progress reports, the conduct of annual country reviews and the holding of routine tripartite project review meetings would continue to be built into the annual schedule of activities. A mid-term programme review would be organized in 1994, and, if necessary, some selected components of the proposed programme would be evaluated independently. The results of these exercises would be used to adjust and reorient programme and project activities as needed. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

52. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $4 million over the five-year period 1992-1996, of which $2 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	850,000	650,000	1,500,000
Information, education and communication	600,000	550,000	1,150,000
Data collection and analysis	300,000	450,000	750,000
Population policy formulation	200,000	350,000	550,000
Programme reserve	50,000	--	50,000
TOTAL	2,000,000	2,000,000	4,000,000

V. RECOMMENDATION

53. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Gambia in the amount of $4 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Gambia and with the executing agencies.